



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Jaime Miles, D.C.

Respondent Name

ACE American Insurance Company

MFDR Tracking Number

M4-17-2136-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

March 15, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "For maximum medical improvement examination the examining doctor other than the treating doctor shall bill and be reimbursed \$350.00. If the examinee has not reached Maximum Medical Improvement there would be no additional reimbursement."

Amount in Dispute: \$350.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Submitted documentation does not include a position statement from the respondent. Accordingly, this decision is based on the information available at the time of review.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 1, 2016	Designated Doctor Examination	\$350.00	\$350.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed on or after September 1, 2016.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 505 – MMI/IR certification denial due to blank or unverifiable provider license in header.
 - B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

Issues

1. Did ACE American Insurance Company (ACE American) respond to the medical fee dispute?
2. Is ACE American's denial of payment for the disputed service supported?
3. Is Jaime Miles, D.C. entitled to reimbursement for the disputed service?

Findings

1. The Austin carrier representative for ACE American is Downs Stanford, P.C. Downs Stanford, P.C. acknowledged receipt of the copy of this medical fee dispute on March 23, 2017. 28 Texas Administrative Code §133.307 states, in relevant part:
 - (d) Responses. Responses to a request for MFDR shall be legible and submitted to the division and to the requestor in the form and manner prescribed by the division.
 - (1) Timeliness. The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile **within 14 calendar days after the date the respondent received the copy of the requestor's dispute** [emphasis added]. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

Review of the documentation finds that no response has been received on behalf of ACE American from Downs Stanford, P.C. to date. The division concludes that ACE American failed to respond within the timeframe required by §133.307(d)(1). For that reason the division will base its decision on the information available.

2. Dr. Miles is seeking reimbursement of \$350.00 for a designated doctor examination to determine maximum medical improvement (MMI) performed on November 1, 2016. ACE American denied the disputed service with claim adjustment reason codes 505 – “MMI/IR CERTIFICATION DENIAL DUE TO BLANK OR UNVERIFIABLE PROVIDER LICENSE IN HEADER,” and B7 – “THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE ON THIS DATE OF SERVICE.”

Review of the submitted documentation finds that Dr. Miles included Texas chiropractic license number 8178 on the Report of Medical Evaluation and in boxes 24J, 31, and 33b of the CMS1500. This license number is verified as active from October 5, 2000 through November 1, 2017 with the Texas Board of Chiropractic Examiners.

The division also confirms that Dr. Jaime Miles, license number 8178 was certified as a designated doctor and for examinations to determine maximum medical improvement and impairment rating on the date of service in question. Therefore, the division finds that ACE American's denial of payment for the disputed service is not supported.

3. Per 28 Texas Administrative Code §134.250(2)(A),

If the examining doctor, other than the treating doctor, determines MMI has not been reached, the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this subsection. Modifier "NM" shall be added.

Paragraph (3) states, “The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation supports that the requestor performed an evaluation of MMI and found that the injured employee was not at MMI. Therefore, the MAR for this examination is \$350.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$350.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$350.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	Laurie Garnes	June 23, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.